

Re: SB #374

Dear Public Health Committee Members and Elected Officials,

I'm writing in response to proposed bill SB #374 about behavioral health assessments for children. While we appreciate the desire to help children with mental health concerns, my husband and I do not believe that mandating assessments of all children is the best way to achieve this objective. **Please vote no on this bill.**

Our oldest child had many challenges mentally, emotionally, and behaviorally. We are thankful for the many dedicated professionals with whom we have worked over the years. Services included special education departments in several Connecticut public school districts beginning in preschool all the way through high school, inpatient and outpatient hospitalization programs, an intensive outpatient therapy program, an alternative education program during middle school, voluntary DCF services, and numerous doctors and therapists over the years. It was a long and arduous journey but our son successfully graduated with his class in 2008. I provide this brief synopsis to show that we share our perspective based on experience.

We walked this road with many other parents who went through similar challenges and we continue to encourage parents who are currently traveling this path. **Identifying children who need help is not the problem thus requiring all children to undergo behavioral assessments is not the answer. The problem is in accessing services once the need is identified.** The demand for services and resources FAR exceeds the supply. Budget cuts affecting many schools impact services available. Children with less significant needs often fall through the cracks until the problem escalates in later years. Gaining access to the few psychiatrists who specialize in working with children and youth is another problem, especially when there are "in network" insurance benefit limits. Paying for additional services needed like occupational therapy that isn't provided through the school or covered under insurance is an added financial strain not to mention the cumulative cost of copays for various specialists, therapists, and other doctor visits. Some services, particularly for acute care, can only be accessed through participation in state programs not available to middle and upper income families. Finding support groups of other families requires diligence and fine-tuned networking and detective skills. These are only a few challenges that quickly come to mind.

I found for a few years that navigating through this maze was a full-time job in order to obtain the help that my child needed. Not all parents can afford financially to make that sacrifice, have the grit to keep pushing through the "noes," the intelligence to wade through the insurance paperwork, or the endurance to persist, especially if they have more than one child with special needs, have mental health challenges themselves, are a single parent, care for an aging parent, don't have a support system, or any of a number of other demands on parents today. (I am not in any way tooting my own horn but merely trying to point out how hard it is to care for a child with special needs of any kind.) There has to be a better way that provides appropriate services effectively, timely, affordably, and in a clearly comprehensible system.

There are many other possible avenues to consider rather than requiring behavioral assessments of all children. **I urge you to vote no on this bill and put your support behind measures that would facilitate access to services,** provide funding for more services in schools, improve communication so that medical professionals, state agencies, educators, and parents know what resources are available within the community and state. For brevity I have attached a separate sheet with some possible suggestions.

Thank you for your consideration. If our struggle helps make life easier for one other family, it would be worth it.

Sincerely,  
Debra Ann Shail, Seymour, CT

I don't know that laws are required for the suggestions below. Perhaps ultimately it's a matter of reviewing existing laws to evaluate and consolidate existing programs to improve access to services and increase / better utilize funding.

- Establish and maintain a website that provides a comprehensive list of resources available within Connecticut for all children with special needs that can be searched by location, disability/need, or service. For example, a parent could search for local support groups, training programs, or licensed professionals by specialty in the state.
- Promote SERC (formerly Special Education Resource Center now State Education Resource Center) more aggressively to increase awareness by parents, school officials, health professionals, other government agencies, and other libraries. Link the library to the statewide library system so that materials can be obtained and circulated through interlibrary loan. This would provide greater access to those who have transportation limitations. More information about SERC can be found at [ctserc.org](http://ctserc.org).
- Increase funding for training and compensating qualified respite workers to give parents a much needed break from constant caregiving responsibilities. Many families do not have supportive family members willing and able to help in difficult situations. Additionally many others do not live near family members who would be able to help. Providing parents with a trained person capable of managing their child(ren) for a few hours a week or a weekend can help them rejuvenate so they are able to continue the journey.
- Provide training for parents regarding special education laws. When an IEP is scheduled, every parent is given a copy of their rights. However not everyone understands these rights and the practical implications of exercising them. Many do not know that they have a say in crafting a plan that works for their child. (Perhaps this training can be done by video / streaming.)
- Conduct a best practices study to identify what's working well in other states. Why reinvent the wheel?
- Improve access to intensive treatment options. We heard from different professionals that many times ER visits were the way to obtain hospital admission in crisis situations and that some parents used hospitalizations as a way to get a break from their child.
- Examine existing alternative education options. Not every student functions well in a traditional classroom and some problems are exacerbated in these settings.
- Increase access to academic support and services in the elementary school years. Early intervention saves money over time. We were told by a case worker that they were able to successfully help very few of the children who came to them beginning in high school. By then it was too late.
- Consider the impact that sleep, diet, and physical activity have on children. Start the high school day later in the morning with the high school bus run occurring after the elementary school run. Remove vending machines containing junk food from schools or replace contents with healthier options. Require healthier meals in cafeterias. California has been a pioneer in this area. Keep physical education and recess in the school curriculum. Kids need to move.